

## APPLICATION DATA SHEET

### APPLICATION INFORMATION

Application Type:: Utility  
Title Line One:: PROGRAMMABLE APPLIANCE  
Title Line Two:: CONTROLLER  
Attorney Docket Number:: 70004-9601-CIP2  
Request for  
Non-Publication?:: Yes  
Suggested Drawing Figure:: 2  
Total Drawing Sheets:: 8  
Small Entity?:: Yes

### APPLICANT INFORMATION

Applicant Authority Type:: Inventor  
Primary Citizenship  
Country:: US  
Inventor One Given Name:: David  
Middle Name:: C.  
Family Name:: Nemir  
City of Residence:: El Paso  
State or Province of  
Residence:: Texas  
Country of Residence:: US  
Street of Mailing Address:: 1221 Baltimore Drive  
City of Mailing Address:: El Paso  
State or Province of  
Mailing Address:: Texas  
Country of Mailing Address:: US  
Postal or Zip Code of Mailing  
Address:: 79902

Applicant Authority Type:: Inventor  
Primary Citizenship  
Country:: US  
Inventor Two Given Name:: Stanley  
Middle Name:: S.  
Family Name:: Hirsh  
City of Residence:: El Paso  
State or Province of  
Residence:: Texas  
Country of Residence:: US  
Street of Mailing Address:: 825 Cloudburst Drive  
City of Mailing Address:: El Paso

State or Province of  
Mailing Address:: Texas  
Country of Mailing Address:: US  
Postal or Zip Code of Mailing  
Address:: 79912

Applicant Authority Type:: Inventor  
Primary Citizenship  
Country:: Germany  
Inventor Three Given Name:: Jan  
Family Name:: Beck  
City of Residence:: El Paso  
State or Province of  
Residence:: Texas  
Country of Residence:: US  
Street of Mailing Address:: 2506 N. Campbell  
City of Mailing Address:: El Paso  
State or Province of  
Mailing Address:: Texas  
Country of Mailing Address:: US  
Postal or Zip Code of Mailing  
Address:: 79902

#### **CORRESPONDENCE INFORMATION**

Correspondence Customer  
No.: 005179  
Phone Number: (505) 998-1500  
Fax Number: (505) 243-2542  
E-Mail Address: jmyers@peacocklaw.com

#### **REPRESENTATIVE INFORMATION**

Representative Customer  
Number: 005179

## DOMESTIC PRIORITY INFORMATION

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
<b>This Application</b>	<b>An application Claiming the Benefit Under 35 USC 119(e)</b>	<b>60/160,275</b>	<b>10/19/1999</b>
	<b>Continuation-in-part of</b>	<b>09/692,892</b>	<b>10/19/2000</b>

## ASSIGNEE INFORMATION

<b>Assignee Name::</b>	<b>X-L Synergy</b>
<b>Street of Mailing Address::</b>	<b>2000 Wyoming Ave.</b>
<b>City of Mailing Address::</b>	<b>El Paso</b>
<b>State or Province of Mailing Address:</b>	<b>Texas</b>
<b>Country of Mailing Address::</b>	<b>US</b>
<b>Postal or Zip Code of Mailing Address::</b>	<b>79903</b>